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UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

(Enter above the full name of the plaintiff or plaintiffs in this action)	08CV155 JUDGE CONLON MAGISTRATE JUDGE VALDEZ		
vs.	Case No:		
SPC	(To be supplied by the <u>Clerk of this Court</u>)		
	_		
	- -		
(Enter above the full name of ALL defendants in this action. Do not use "et al.")	-		
CHECK ONE ONLY:			
U.S. Code (state, county COMPLAINT UNDER	R THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 y, or municipal defendants) R THE CONSTITUTION ("BIVENS" ACTION), TITLE S. Code (federal defendants)		
OTHER (cite statute, if	f known)		

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

Plai	ntiff(s):
A.	Name: De Valius Mc Donald
B.	List all aliases: _none
C.	Prisoner identification number: OSS990
D.	Place of present confinement: Kane County Jail
E.	Address: 777 East Fabyan Parkway, Geneva, IL 60134
num	here is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. ber, place of confinement, and current address according to the above format on a rate sheet of paper.)
(În A posi	endant(s): A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space wo additional defendants is provided in B and C.)
(In A posi	A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space
(In z posi for t	A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space we additional defendants is provided in B and C .)
(In z posi for t	A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space wo additional defendants is provided in B and C.) Defendant: SPC.
(In z posi for t	A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space wo additional defendants is provided in B and C.) Defendant: SPC Title: Company
(In A posi for t	below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space we additional defendants is provided in B and C.) Defendant: SPC. Title: Company Place of Employment: P.O. Box 6807, Garden Grove, C.
(In 2 posi for t	below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space wo additional defendants is provided in B and C.) Defendant: SPC Title: Company Place of Employment: P. D. Box 6807, Garden Grove, C. Defendant: None
(In A posi for t	below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space we additional defendants is provided in B and C.) Defendant: SPC Title: Company Place of Employment: P.O. Box 6807, Garden Grove, C. Defendant: Mone.

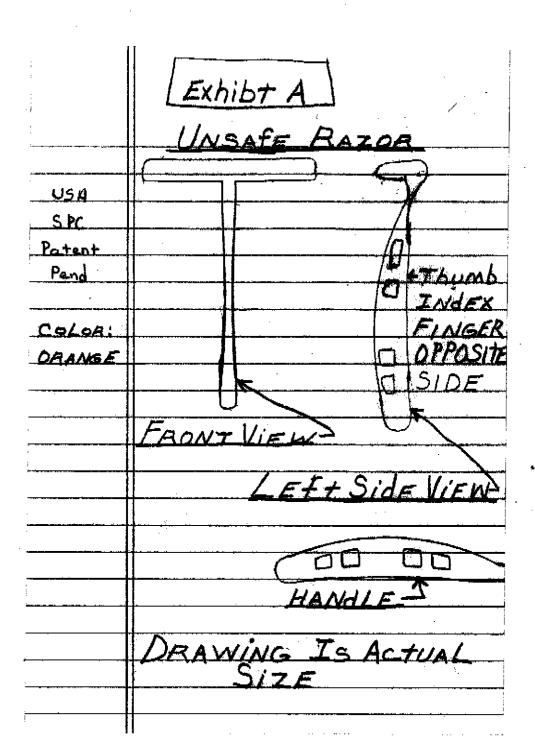
(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

Place of Employment:

	A.	Name of case and docket number: DeValius McDonald-Vs-Dr. KIM
,	В.	Approximate date of filing lawsuit: December 26, 2007
,	C.	List all plaintiffs (if you had co-plaintiffs), including any aliases: Devalue medonald
;	D.	List all defendants: Dr. KIM
		· · · · · · · · · · · · · · · · · · ·
.]	E.	Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Northern District of ILLINGS
	E. F.	Name of judge to whom case was assigned: Judge BUCKLO
]		name the county): Northern District of ILLINOIS

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

Approximate date of disposition: _none_ qs of yet.



IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

The razors that are produced by SPC (see Exhibt A) are dangerous and hazardous to the general safter, health and well being of the public. This razor should be removed from the market and not sold to anyone for the purpose of shaving. The handle is small short and thin. It is too cumbersome to hold securely when wet in the grip of the fingers. Self mutliation and profuse bleeding from cuts, sloshs and locerations of the skin is the norm when attempting to shave with this crude, defective and Doonly designed product. This barbaric device should never be allowed to be sold or used under the title safter razor Under no condition or circumstances should anyone be allowed this dangerous and unsafe product, uncontrolled bleeding could result from its use, requiring one to as to the hospital emergency room for first aid treatment. There is nothing safe about this rezor. I ask that this product not be patented as a safter razor, not to be sold as a saftey razor and all such

razors to be removed immediately from the	market.
I am a 52 year old male who has been shaving	
age of 13. This is the most dangerous razor t	hat I have
ever used in mylife. For the pain from cuts, s	
lacerations and profise bleeding of my scala	and face
as well as the large scabs and sores which have	made daily
Shaving with this product impossible and the su-	ffering tho
I had to endure, relief in the sum of 1,500	<u>), a oo, 60 s </u>
asked.	<u></u>
	· · · · · · · · · · · · · · · · · · ·
	*

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Reas	elief in the sum of \$1,500,000.00	o, not to	be pater	1469
VI.	The plaintiff demands that the case be tried by a jury.	⊠ _{YES}	\square NO	

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 23	_day of <u>Dec</u>	<u>.</u> , 20 <u>07</u>		
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		<u>. </u>		
La man				
(Signature of plaintif	f or plaintiffs)			
DeValius Me	Donald			
(Print name)				•
055990		ing a second of the second of	· ·	
(I.D. Number) Κανε C ου	nty Jail	· · · · · · · · · · · · · · · · · · ·		
777 East Fa	t .			
Geneva				

(Address)